

**FY13-14 DENTAL CONTINUING EDUCATION APPLICATION FORM
NAVAL MEDICAL CENTER SAN DIEGO
DIRECTOR FOR DENTAL SERVICES
2310 CRAVEN STREET
SAN DIEGO, CALIFORNIA 92136-5596
FAX NUMBER (619) 556-9410 / DSN 526-9410
EMAIL: CHARLES.MURPHY@MED.NAVY.MIL**

Application(s) must be submitted by Fax or email 30 days prior to training convening date.

Print Clearly

NAME (Last, First): _____ RANK/RATE/TITLE: _____

BRANCH OF SERVICE: _____ POINT OF CONTACT: _____

COMPLETE MAILING ADDRESS (HOME OR COMMAND): _____

PHONE: COMM _____ DSN: _____

E-MAIL ADDRESS: _____

VEHICLE INFORMATION (REQUIRED FOR CIVILIAN ATTENDEES)

MAKE / MODEL / YEAR / COLOR _____

DRIVERS LICENSE NUMBER & STATE _____

LICENSE PLATE NUMBER AND STATE _____

If you are driving a rental car, write "RENTAL CAR" on the Make/Model line. You must have documentation of the rental car agreement when entering the base. License plate and state information is not required on rental cars.

DEMOGRAPHICS (PLEASE CIRCLE ALL THAT APPLY):

US NAVY~ US ARMY~ US AIR FORCE~ US COAST GUARD~ INTERNATIONAL~ USPHS~

STATUS (PLEASE CIRCLE ALL THAT APPLY):

ACTIVE DUTY ~ ACTIVE RESERVE~ INACTIVE-RESERVE~ DoD RETIRED~ CIVILIAN~

STATE EMPLOYED~ PRIVATE PRACTICE~ FEDERAL GOV'T / CONTRACT~

TRAINING TITLE	TRAINING DATES

Note: All spaces must be filled in

A letter of confirmation will be mailed four weeks prior to course commencement. If the course is full the applicant will be notified when the application is received.